

FOR OFFICE USE ONLY:

Inv. Fee: _____

Check No: _____

Receipt No: _____

STATE OF DELAWARE
OFFICE OF THE STATE BANK COMMISSIONER
555 EAST LOOCKERMAN STREET
SUITE 210
DOVER, DELAWARE 19901

TRANSPORTATION OF MONEY & VALUABLES
LICENSE APPLICATION
(Chapter 32, Title 5, Del.C.)

PLEASE TYPE

1. Business name of Applicant: _____

E.I. or S.S. # _____

2. Contact person, title, date of birth, Social Security, and phone number for application (include extensions):

3. The number, street, municipality and county where business will be conducted:

4. Address where required books and records will be kept for examination purposes:

5. How is applicant organized:
____ Corporation ____ Partnership ____ LLP ____ LLC
____ Sole Proprietorship ____ Other: _____

6. **CORPORATIONS ONLY** - Please provide the following information:

- a. Date of incorporation _____
- b. Place of incorporation: City of _____ County of _____
State _____
- c. Attach a schedule listing the principal or senior officers' full names, titles, residence addresses, business addresses, dates of birth, Social Security numbers, and occupations.
- d. Attach a schedule listing the Directors of the Corporation including full names, titles, residence addresses, business addresses, dates of birth, Social Security numbers, and occupations.
- e. Personal resumes and personal financial statements for all principal officers and directors must be submitted **with** this application.
- f. If the applicant is a wholly-owned subsidiary, or controlling interest should be vested in a parent corporation, then submit the information required by 6a. – e. for the parent corporation and state the number of shares held.

% to Total Out -

Name of Parent Corporation, Number of Shares, Standing Shares:

If an individual holds more than 10% of the outstanding stock of either the applicant corporation or the parent corporation of the applicant, the names, business addresses, dates of birth, Social Security numbers, the number of shares held, and the percentage to the total shares outstanding must be submitted.

% to Total Out -

Name, Business Address, Date of Birth, Social Security Number, Number of Shares, Standing Shares:

7. **INDIVIDUAL ONLY** - If applicant is an individual, please provide the following information:

- a.

<hr/>	<hr/>	<hr/>	<hr/>
Name	Address	Date of Birth	Social Security Number
- b. Submit a personal resume and personal financial statement of individual.

8. **PARTNERSHIP, ASSOCIATION, JOINT STOCK ASSOCIATION ONLY** - If applicant is a partnership, association, or joint stock association, please provide the following information:

- a.

<hr/>	<hr/>	<hr/>	<hr/>
Name	% of Ownership	Date of Birth	Social Security Number
- b.

<hr/>
Business Address

- c. Submit a personal resume and personal financial statement for each principal or partner.

ALL APPLICANTS:

9. All applications must provide information regarding their registered agent for service of process in Delaware.
- a. Businesses organized in Delaware may designate the business itself, an individual resident in this State, or another business authorized to transact business in this State **provided the designee is located in Delaware** in accordance with Section 132(a), Title 8 of the Delaware Code.

- b. Business organized in locations other than Delaware may designate an individual resident in this State or another business authorized to transact business in this State **provided the designee is located in Delaware** in accordance with Section 371(b)(2), Title 8 of the Delaware Code.

Name, street address, and telephone number of registered agent:

10. **BUSINESS REFERENCES:** We must receive a minimum of three (3) letters of reference from businesses currently doing business with the applicant company. These can be the CPA, attorney, bank or other type of business. **(One letter must be from a bank.) Each letter must refer to the applicant company, not just an individual within the company.**

PLEASE NOTE:

It is the applicant's responsibility to contact these references and have each send a letter of reference **directly** to the *Office of the State Bank Commissioner at 555 East Loockerman Street., Suite 210, Dover, DE 19901, Attention: Licensing Department.* Copies of the applicant's letters requesting these references must be submitted with this application. **No reference letters will be accepted or considered if they are not provided directly from the reference source.**

11. Have you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever been arrested, indicated or convicted of a criminal offense? Yes _____ No _____
12. Have you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever used any alias or been known by any other name? Yes _____ No _____
13. Have you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever held a license of another state to engage in the transportation of money and valuables, or similar business that has been denied, revoked, suspended, denied or its renewal refused or been the subject of any other type of disciplinary action?
Yes _____ No _____

14. If the answer to 11, 12, or 13 is yes, attach a schedule giving details. If the answer to 13 is yes, please include photocopies of any legal documents that pertain to the matter (i.e., Consent Agreement, Cease and Desist Order, Revocation Order, Reinstatement Order, etc.).
15. a. Schedule of locations where business will be conducted:
- b. Schedule of locations where business will be conducted by *designated agents*:
16. This application must be accompanied by an investigation fee of \$250.00, which shall not be subject to refund, and a license fee of \$200.
17. a. A surety bond must be filed in the amount of Ten Thousand Dollars (\$10,000) Please use the surety bond form at:
<http://www.state.de.us/banktransbond.htm>.
- b. In lieu of such surety bond, applicant elects to deposit appropriate securities or cash with
- _____
- (Name of Depository)
- having a current value of at least \$10,000 computed on the basis of principal amount or market value, whichever is lower.
- c. The applicant shall file a *true copy* of the insurance policy with the Commissioner establishing that it has in full force an underlying All Risk Policy in an amount not less than \$5,000,000.
- Amount of Policy to be carried: \$ _____

Name and address of insurer (must be licensed to do business in the State of Delaware):

18. This application must be accompanied by a financial statement (asset/liability statement **and** a profit/loss statement) for the applicant's most recently available completed fiscal year. The financial statement must be audited and prepared by a certified public accountant, and must contain the report of the certified public accountant.
19. Describe the activities in which the licensee shall engage. Specifically, the strategic business plan (activities, funding, unique operations, personnel projections, etc.) and a detailed description of any business other than transportation of money and valuables that may be conducted at any licensed location. (Attach a schedule if necessary.)
20. **I have read Section 127, Title 5 of the Delaware Code, and understand that in addition to renewing this license annually, we will also be assessed an annual supervisory assessment fee of not less than \$1,000.00 if our loan files are maintained outside the State of Delaware, or \$500.00 if our loan files are maintained inside the State of Delaware.**

(Signature)

(Title)

If you have any questions regarding this application, please contact our licensing department at 302-739-4235.

This application must be signed and sealed (if applicable) by a principal of the applicant (president, vice-president, majority partner, majority member, owner, etc.), attested to by another principal and notarized. In cases of applicants with a single principal, having that signature notarized will suffice.

I hereby certify that I am authorized to sign and submit this application for licensure on behalf of the applicant company, in my role as principal of said applicant company, and that the information contained herein is true and correct to the best of my knowledge and belief.

**SEE ATTACHED AUTHORIZATION AND RELEASE FORM
AND CERTIFICATION OF AGENT**

(Signature)

(Print Name)

(Title)

(Date)

CORPORATE SEAL
If no seal, check here _____

I hereby certify as a principal of the applicant company that the person whose signature appears above is authorized to sign for the applicant company and submit this application for licensure.

(Signature)

(Title)

(Date)

Subscribed and sworn to before me this _____ day of _____, 2_____

NOTARY PUBLIC

NOTARY SEAL

TRANSPORTATION OF MONEY & VALUABLES FACT SHEET

Name of Licensee: _____

Employer Identification Number: _____

A contact **and all requested information** must be provided for each of the following categories.

Supervisory Assessment _____
Name and Title Telephone # Extension

Email Address Fax #

Mailing Address

License Renewal _____
Name and Title Telephone # Extension

Email Address Fax #

Mailing Address

Examination _____
Name and Title Telephone # Extension

Email Address Fax #

Mailing Address

Complaints _____
Name and Title Telephone # Extension

Email Fax #

Mailing Address

Public Contact _____
Name and Title Telephone # Extension

Email Address Fax #

Mailing Address

Changes in contact information must be reported to the Office of the State Bank Commissioner immediately.

AUTHORIZATION AND RELEASE

Each person listed below, by and through _____
(Person with authority to submit application)
as that person's authorized agent, hereby consents to the State Bank Commissioner of the State of Delaware and any employee, agent or representative that the State Bank Commissioner may designate (collectively the "Commissioner") conducting such investigation of that person as the Commissioner deems necessary or appropriate in connection with this application. Each such person also agrees to provide the Commissioner with any information that the Commissioner requests, and authorizes the Commissioner to disclose any information concerning that person and the results of the investigation to any person, agency, court, institution, association or other entity that the Commissioner, in the Commissioner's sole discretion, deems appropriate as part of the investigation.

Each such person further authorizes and requests every person, agency, court, institution, association or other entity having possession, custody or control of any information pertaining to that person to provide the Commissioner with any information requested, including documents, records, files regarding charges, complaints or grievances involving that person (whether formal or informal, pending or closed), or other data, and to permit the Commissioner to inspect and copy such information, documents, records, files, and data.

Each such person hereby specifically releases, discharges, and exonerates the Commissioner, all employees, agents and representatives of the Commissioner, and any person, agency, court, institution, association or other entity so providing information to the Commissioner, from any and all claims and liability of every nature and kind whatsoever (including claims and liability for any negligence of any type) arising out of, or in any way related to, the Commissioner's investigation and the providing, inspecting, disclosing or copying of such information, documents, records, files, and data.

CERTIFICATION OF AGENT

I, _____, hereby certify that I have given a copy of
(Person with authority to submit application)

this Authorization and Release to each of the following persons:

and each such person has explicitly authorized and appointed me as an agent to
execute this document for that person.

Signature of Authorized Person

State of

County of

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC

NOTARY SEAL